MARYLAND STATE DEPARTMENT OF HEALTH 14618

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) since 4/10/45; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY --; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 416 East 28th Street

3. NAME OF DECEASED (Type or Print): (First) Frederick; (Middle) D.; (Last) ANTHONY

4. DATE OF DEATH: (Month) May; (Day) 10; (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 3/27/1873

9. AGE last birthday: 76 yrs. If under 1 year: Months --; Days --; If under 24 hrs.: Hours --; Min. --

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Hagerstown, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: David Anthony

14. MOTHER'S MAIDEN NAME: Nancy Ann Boward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown; (If year, give war or dates of service): unknown

16. SOCIAL SECURITY No.: unknown

17. INFORMANT: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis and myocardial degeneration	more than 3 years.
Antecedent cause(s) 423.1	(b) Arteriosclerosis	more than 3 years.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 794	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis. — 16 years.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION: ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY ---; (CITY OR TOWN) --; (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---

INJURY OCCURRED While at Work ☐ Not While at work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Martin Gross — Martin Gross, M. D. — Sykesville, Maryland — 5/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 12-1949 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md

DATE REC'D BY LOCAL REG.: May 10, 1949 — REGISTRAR'S SIGNATURE: C. Harry Weed

24. FUNERAL DIRECTOR: Burger Funeral Home — ADDRESS: 3631 Falls Road

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MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04619

CERTIFICATE OF DEATH

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural | LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
STREET ADDRESS (If rural give location) Reisterstown Pike.

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) Pauline (Last) Armacost.

4. DATE OF DEATH: (Month) May (Day) 22 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Single | 8. DATE OF BIRTH: 12/24/1886 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Household Work | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Hampstead Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Armacost. | 14. MOTHER'S MAIDEN NAME: Ruth A.J. Houck

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If year, give war or dates of service) — | 16. SOCIAL SECURITY NO.: None. | 17. INFORMANT: Mrs Mamie Ricks.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis — 2 years

170 Antecedent cause(s)

50 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Scirrhus Carcinoma of Breast - Primary — 6 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 30, 1943 | 19b. MAJOR FINDINGS OF OPERATION: Scirrhus Carcinoma of Right Breast. | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none | (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) — (Day) — (Year) — (Hour) — m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 29, 1943, to May 22, 1949, that I last saw the deceased alive on May 16, 1949, and that death occurred at 9.30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edgar M. Bruch M.D. Hampstead Md May 23 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 24 1949 | NAME OF CEMETERY OR CREMATORY: Hampstead | LOCATION (City, town, or county): Carroll Co (State): Md

DATE REC'D BY LOCAL REG. May 24-'49 | REGISTRAR'S SIGNATURE: John S. Hughes Jr. | 24. FUNERAL DIRECTOR: Edel C Upton | ADDRESS: Hampstead Md

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MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04620

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (In this place) 20 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Elsie (Middle) H (Last) Barty

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Dec 28 1883

9. AGE Last birthday: 65 yrs. If under 1 year: Months 4, Days 3, Hours, Min. If under 24 hrs.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? yes

13. FATHER'S NAME: Charles C Barty

14. MOTHER'S MAIDEN NAME: Lota Lind

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs Bruce Wolcott

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 3 days

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio Sclerosis — 15 yrs

(c) Epilepsy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1936, to May 1, 1949, that I last saw the deceased alive on May 1, 1949, and that death occurred at 7.05 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. H. Wastin M.D. ADDRESS Sykesville DATE SIGNED 5/11/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 5. 1949 | NAME OF CEMETERY OR CREMATORY London Park | LOCATION (City, town, or county) Balto (State) md

DATE REC'D BY LOCAL REG. May 2, 1949 | REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR Mr. Mrs. John H. Teufel ADDRESS Low 5311 Edmondson Ave

VS. A15

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MAY 4 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04621

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lineboro (Rural) — LENGTH OF STAY (in this place): ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 1427 - 14th St N.W ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): ANNE - BOSWELL

4. DATE OF DEATH (Month) (Day) (Year): May 1st 1949

5. SEX: Female
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: Abstract 1899 unknown
9. AGE last birthday: about 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hsf.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? WSA

13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Ed - D - Boswell

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

8668 Immediate cause (a) Fracture Cervical Vertebral Column - Death instantaneous

173 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) due to airplane accident.

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm near Manchester (CITY OR TOWN) Carroll (COUNTY) Maryland (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): May 1st 1949 2 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? Crash landing of airplane - did not see

22. I hereby certify that I attended the deceased from 5/1, 1949, to ....., 19....., that I ~~last saw~~ did not see the deceased alive on 5/1, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Shuster Bare, M.D. Deputy Medical Examiner (Degree or title) — ADDRESS: Westminster Md. — DATE SIGNED: 5/2/49

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify): Removal
DATE THEREOF: May 3/49
NAME OF CEMETERY OR CREMATORY: Portsmouth
LOCATION (City, town, or county) (State): Virginia

DATE REC'D BY LOCAL REG.: May 2/49
REGISTRAR'S SIGNATURE: Mrs. H. R. S. Denner
24. FUNERAL DIRECTOR — ADDRESS: Edw. C. Tipton, Hampstead Md

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BUREAU V. S.

04622

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lineboro, Rural — LENGTH OF STAY (in this place): ✓
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ✓

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: District of Columbia — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington D.C.
STREET ADDRESS (If rural, give location): 1427 - 14th St N.W.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): WILLIE - S - BOSWELL

4. DATE OF DEATH (Month) (Day) (Year): May 1 1949

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M.
8. DATE OF BIRTH: ~~Unknown~~ 1898
9. AGE last birthday: about 51 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Atlantic Cabins
10b. KIND OF BUSINESS OR INDUSTRY: Rental
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? WSA

13. FATHER'S NAME: Sylvester Boswell
14. MOTHER'S MAIDEN NAME: Mary M Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes 1st world war
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT: Ed D. Boswell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Fracture Cervical Vertebral Column -

866.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): due Airplane accident - Death instantaneous

173

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Farm near Manchester (CITY OR TOWN) (COUNTY): Carroll (STATE): Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour): May 1st 1949 2 P.m.
INJURY OCCURRED While at Work ☐ Not While At work ☑
HOW DID INJURY OCCUR? Crash landing of Airplane -

22. I hereby certify that I attended the deceased from 5/1, 1949, to ....., 19....., that I ~~last saw~~ did not see the deceased alive on 5/1, 1949, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE: Shuther Barr (Degree or title) M.D. ADDRESS: Deputy Medical Examiner, Westminster Md. DATE SIGNED: 5/2/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal
DATE THEREOF: May 3/49
NAME OF CEMETERY OR CREMATORY: Portsmouth
LOCATION (City, town, or county) (State): Virginia

DATE REC'D BY LOCAL REG.: May 2/49
REGISTRAR'S SIGNATURE: Mrs. W. R. S. Denner
24. FUNERAL DIRECTOR: Edw C Tipton, Hampstead Md — ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04623

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY WASHINGTON
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown
STREET ADDRESS (If rural give location) 531 West Church Street

3. NAME OF DECEASED (Type or Print): (First) LEROY (Middle) (Last) BOWARD

4. DATE OF DEATH: (Month) May (Day) 23 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: unknown

9. AGE last birthday: 68 ?yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stationary Fireman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Boward

14. MOTHER'S MAIDEN NAME: Lottie E. Rowtzen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 212-14-7060

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Bronchopneumonia	1 day
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) chronic myocarditis	?
	(c) generalized arteriosclerosis	?

422.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis ?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/19/ , 1949, to 5/23, 1949, that I last saw the deceased alive on 5/23, 1949, and that death occurred at 6:00 A DST m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph H. Marshall, M. D. Sykesville, Maryland 5/22/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE May 26, 1949 NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. May 23, 1949 REGISTRAR'S SIGNATURE C Harry Rees

24. FUNERAL DIRECTOR F W Kraiss ADDRESS 139 N. Potomac St.

F W Kraiss Hagerstown, Md.

VS. A15

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MAY 25 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04624

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton, LENGTH OF STAY (in this place) 2mos. 7 days	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 1,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) 1057 Myrtle Ave., ✓

3. NAME OF DECEASED (Type or Print) (First) GILBERT (Middle) (Last) BRICE			4. DATE OF DEATH (Month) May (Day) 12, (Year) 1949		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Sept., 8, 1931	9. AGE last birthday 17 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Harrisburg, Pa.,	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Gilbert Brice			14. MOTHER'S MAIDEN NAME Bertie Johnson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Deceased		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	10-28-48
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar., 4, 1949, to May 12, 1949 that I last saw the deceased alive on May 12, 1949, and that death occurred at 9:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.	Henryton, Md.	5-12-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5-16-49	NAME OF CEMETERY OR CREMATORY MT. AUBORN	LOCATION (City, town, or county) (State) BALTIMORE 30. MD.
DATE REC'D BY LOCAL REG. 5-12-49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR W. A. JACKSON - 916 PENNA. AVE	ADDRESS

Deputy Local

BALTO. 1. MARYLAND.

RECEIVED
MAY 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04625

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (In this place): 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural give location): E.Baltimore

3. NAME OF DECEASED (Type or Print): (First) Miss Celia (Middle) F (Last) Brown

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: 2/19/1873

9. AGE last birthday: 76 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Brown

14. MOTHER'S MAIDEN NAME: Julia A.Hitchew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Miss Millie Brown

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1½ hrs.

420.1
940

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above ceuse stating the underlying cause last (b)

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the deeth but not related to the disease or condition causing death.

19a. DATE OF OPERATION: -----

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): -----

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: ----

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dey) (Year) (Hour) m.: -----

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? ----

22. I hereby certify that I attended the deceased from May25th, 1949, to May25, 1949, that I last saw the deceased alive on May25th, 1949, and that death occurred at 1030 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Francis J. Elliot. M.D. Taneytown, Md. May27/'49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 5/28/49 — NAME OF CEMETERY OR CREMATORY: Reformed Church — LOCATION (City, town, or county) (State): Taneytown Md

DATE REC'D BY LOCAL REG.: May 28.1949 — REGISTRAR'S SIGNATURE: Ethel M Mehring

24. FUNERAL DIRECTOR: C.O.FUSS & SON — ADDRESS: Taneytown,Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

04626

1. PLACE OF DEATH: COUNTY Carroll MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton

LENGTH OF STAY (in this place) 2yrs.3mos.9das.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17

STREET ADDRESS (If rural give location) 1137 Parrish Street

3. NAME OF DECEASED (Type or Print) (First) Pearl (Middle) Mary (Last) Butler

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Nov. 26,1916

9. AGE last birthday 32 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Butler

14. MOTHER'S MAIDEN NAME Georgianna Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. Lost

17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Dece.,1945
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 17, 1947, to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 5:20 p. m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Md. DATE SIGNED 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Buried. DATE 5/30/49 NAME OF CEMETERY OR CREMATORY St. Peters. LOCATION (City, town, or county) (State) Baltimore City.

DATE REC'D BY LOCAL REG. 5-26-49 REGISTRAR'S SIGNATURE Albert R. Swanthan Deputy Local

24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1308 Presstman St Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

M

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04627

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17
STREET ADDRESS (If rural give location) 2450 Frances St.,

3. NAME OF DECEASED (Type or Print) (First) CAROLYN (Middle) LORETTA (Last) COLEMAN

4. DATE OF DEATH (Month) May (Day) 8 (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH July 17, 1931

9. AGE last birthday 17 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scholar

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Clinton Coleman

14. MOTHER'S MAIDEN NAME Dorothy Green

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Mar., 1948
002 Antecedent cause(s)		
138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1948, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 11:00A. m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Md. DATE SIGNED 5-8-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE May 16, 1949 NAME OF CEMETERY OR CREMATORY Ambutes LOCATION (City, town, or county) Baltimore, Md. (State)

DATE REC'D BY LOCAL REG. 5-8-49 REGISTRAR'S SIGNATURE Albert R. Swankham Deputy Local

24. FUNERAL DIRECTOR Geo. G. Kelson ADDRESS 1303 Pressman St.

RECEIVED
MAY 12 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

04628

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 60

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dennings | LENGTH OF STAY (In this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dennings
STREET ADDRESS (If rural, give location) Rural--New Windsor

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RUSSELL	H.	COLWELL	May	9,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	5-1-1889	60 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John F. Colwell	Emily Franklin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. Bertha Colwell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia f Coronary Arteries	uncertain
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) —	
	(c) —	

420.1
440

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	no injury			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
May 9th 1949 3 P.M. est.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said ~~Autopsy~~, Inspection or ~~Inquiry~~, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Billingslea	M.D.	Westminster, Md.	5-9-49
acting Resp. Med. Exam.			

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	5-12-1949	Morgan Chapel	Carroll Co., Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10/49	Grace L Bunday	C. M. Waltz,	Winfield, Md.

RECEIVED
MAY 14 1949
BUREAU V. D.

04629

Evidence for change of birth date is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FORM No. G 120 JUN 15 1948

CERTIFICATE OF DEATH

Reg. Dist. No. 83

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine — LENGTH OF STAY (in this place) 4yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodbine
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	IDA	H	CONAWAY		May	1,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	12-9-~~1858~~ 1857	91 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
none		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robey Easton	? Easton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	none	Mrs. Geo. R.E. Weitzel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Senility, due to	? yrs.
Antecedent cause(s)		
450.0 97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) advanced aterio-sclerosis	? yrs.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 22, 1949, to May 1, 1949, that I last saw the deceased alive on Apr. 30, 1949, and that death occurred at 2:20 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Stanley Grabill	M.D.	Mt. Airy, Maryland.	May 2, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
BURIAL	5-3-1949	Good Sheppard	Howard CO.	Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-3-49	Edna M. Hewitt	C. M. Waltz,	Winfield, Md.

VS. A15

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04630

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor — LENGTH OF STAY (in this place) 2 weeks	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural --New Windsor
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ROSE	(Middle) E.	(Last) COOK	4. DATE OF DEATH	(Month) May (Day) 20, (Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 6-7-1876	9. AGE last birthday 72 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME James E. Easton	14. MOTHER'S MAIDEN NAME Sarah E. Shipley				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT Theodore J. Cook			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinomatosis

174 Antecedent cause(s) Original site - Sarcoma - uterus

48b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 15, 1948, to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 2 00 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
M. E. Robertson		New Windsor, Md.	

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 6-22-1949	NAME OF CEMETERY ~~OR CREMATORY~~ Ebenezer	LOCATION (City, town, or county) (State) Winfield, Carroll, Md.
DATE REC'D BY LOCAL REG. May 21/49	REGISTRAR'S SIGNATURE Ersen S Benedict	24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md.	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Be 04631

Reg. Dist. No. 7X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville (Rural); MARYLAND; LENGTH OF STAY (in this place): 3 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore City; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore; STREET ADDRESS (If rural give location): 1807 Henneman Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) CHRISTINE (Middle) ROSE (Last) COONEY

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 19 49

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5/24/1888

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Herrman

14. MOTHER'S MAIDEN NAME: Elizabeth Protzman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162 Immediate cause (a) Carcinoma of lung, with metastases — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

47d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) to liver, spleen, brain

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 19 49 to May 9, 19 49 (DST) that I last saw the deceased alive on May 9, 19 49 and that death occurred at 6:20 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph H. Marshall, M. D. Sykesville, Maryland 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 5/12/49 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cem. — LOCATION (City, town, or county) (State): 4430 Belair Rd

DATE REC'D BY LOCAL REG. 5/9/49 — REGISTRAR'S SIGNATURE: H.W. Hedrick Dr

24. FUNERAL DIRECTOR — ADDRESS: John J. Cowan & Son Baltimore St.

04632

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
LENGTH OF STAY (in this place) 7 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Carroll County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Nettie (Middle) Lee (Last) Dern
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH April 16, 1881
9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Frederick Co., Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George G. Johnson
14. MOTHER'S MAIDEN NAME Margaret Groff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Roy C. Johnson, Union Bridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of left breast — INTERVAL BETWEEN ONSET AND DEATH 18 mos

170 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

50 (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION X
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from 3-1, 1949, to 5-20, 1949, that I last saw the deceased alive on 5-20, 1949, and that death occurred at 11 30 P m., from the causes and on the date stated above.

SIGNATURE W. C. Stone (Degree or title) MD ADDRESS Westminster DATE SIGNED 5-23-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 23, 1949
NAME OF CEMETERY OR CREMATORY Haugh's Cemetery
LOCATION (City, town, or county) (State) Near Keymar, Maryland

DATE REC'D BY LOCAL REG. 5/23/49
REGISTRAR'S SIGNATURE [signature] Per W.C. Stone H.O.
24. FUNERAL DIRECTOR C.O. Fuss & Son ADDRESS Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04633

CERTIFICATE OF DEATH

Reg. Dist. No. 78

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Taylorsville; LENGTH OF STAY (In this place) 19 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Taylorsville; STREET ADDRESS (If rural, give location) R.D. Mt. Airy

3. NAME OF DECEASED (Type or Print): (First) ABRAHAM (Middle) LINCOLN (Last) DORSEY

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1949

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: 1858

9. AGE last birthday: 91 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: not known

14. MOTHER'S MAIDEN NAME: not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none.

17. INFORMANT: Mrs. Sidney E. Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion — Interval Between Onset and Death: 8 days

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ; (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Osteoma

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/6 —, 1949, to 5/12, 1949, that I last saw the deceased alive on 5/12, 1949 and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE L. C. Stitely (Degree or Title) M.D. ADDRESS New Windsor Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL; DATE 5-16-1949; NAME OF CEMETERY OR CREMATORY White Rock; LOCATION (City, town, or county) (State) Berrett, Carroll Co. Md.

DATE REC'D BY LOCAL REG. 5-16-49; REGISTRAR'S SIGNATURE E. M. Farver

24. FUNERAL DIRECTOR C. M. Waltz, ADDRESS Winfield, Md.

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MAY 18 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04634

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 3mos. 17days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 2, M
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium	STREET ADDRESS (If rural give location) 1126 E. Lexington St.,

3. NAME OF DECEASED (Type or Print) (First) LORRAINE (Middle) (Last) EVANS			4. DATE OF DEATH (Month) May (Day) 17 (Year) 1949			
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH June 24, 1920	9. AGE last birthday 28 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Orange, Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Fred Arrington			14. MOTHER'S MAIDEN NAME Sadie Jones			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Deceased			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Jan.,1,1945
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

002

13b

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 31, 1949, to May 17, 1949, that I last saw the deceased alive on May 17, 1949, and that death occurred at 1 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.	Henryton, Md.	5-17-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify)	DATE May 21, 1949	NAME OF CEMETERY OR CREMATORY Woodlawn - Cem.	LOCATION (City, town, or county) (State) Wash. DC
DATE REC'D BY LOCAL REG. 5-17-49	REGISTRAR'S SIGNATURE Albert R. Snackham Deputy Local	24. FUNERAL DIRECTOR Robinson	ADDRESS Cor. 1313-6 St N.W.

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MAY 23 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04635

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH · COUNTY: Carroll · STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton
LENGTH OF STAY (in this place): 3yrs.18days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland · COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore, 31
STREET ADDRESS (If rural give location): 1613 E. Lombard St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
(Dock) Louis	Hubert	Evans	May	3,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Divorced	March 28,1908	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greenville, N. C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Arden Evans
14. MOTHER'S MAIDEN NAME: Cecelia Gardner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 241-28-3487
17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Aug., 3,1942

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 15 1946, to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 5p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reuben H. Foxman, M.D. — ADDRESS: Henryton, Md. — DATE SIGNED: 5-3-49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	5/6/49	Mt Auburn	Baltimore	Md

DATE REC'D BY LOCAL REG. 5-3-49 | REGISTRAR'S SIGNATURE: [illegible] Deputy Local | 24. FUNERAL DIRECTOR: Charles R. Rice — ADDRESS: 661 W. Barre St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

04636

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton, LENGTH OF STAY (in this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 30
STREET ADDRESS (If rural give location) 1102 S.Sharp St.,

3. NAME OF DECEASED (Type or Print) (First) DOROTHY (Middle) GLORIA (Last) FERRIS
4. DATE OF DEATH (Month) May (Day) 20 (Year) 1949
5. SEX Female
6. COLOR OR RACE Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct., 31,1929
9. AGE last birthday 19 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cha cashier
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Harry Ferris
14. MOTHER'S MAIDEN NAME Elizabeth Irvin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs. Elizabeth Carroll (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec.,1948

002 Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 11, 1949, to May 20, 1949, that I last saw the deceased alive on May 20, 1949, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Reuben Hofman, M.D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 5-20-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 23 49
NAME OF CEMETERY OR CREMATORY Mount Calvary
LOCATION (City, town, or county) A A Co Md (State)
DATE REC'D BY LOCAL REG. 5-20-49
REGISTRAR'S SIGNATURE Albert R. Smanthan
24. FUNERAL DIRECTOR Isaiah L Brown Son 1680 Montgomery St ADDRESS

Deputy Local

RECEIVED
MAY 23 1949
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04637

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (In this place) 21 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 160 Lincoln Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 160 Lincoln Rd.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) Irving (Last) Flohr

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH June 22-1872

9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Ret.

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jeremiah Flohr

14. MOTHER'S MAIDEN NAME Sarah Firor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Mrs Charles Conway

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Knife wound of neck

(c)

977
164d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Westminster (COUNTY) Carroll (STATE) Md

TIME OF INJURY (Month) May (Day) 12 (Year) 49 (Hour) Probably 6 A. m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Cut his own throat with butcher's knife

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE James T. Marsh (Degree or title) Deputy Medical Examiner ADDRESS Westminster Md DATE SIGNED May 13/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF May 14 1949 NAME OF CEMETERY OR CREMATORY Westminster Cemetery LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 5/14/49 REGISTRAR'S SIGNATURE L. K. Woodward

24. FUNERAL DIRECTOR H Bankard & Son, Westminster, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MAY 16 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

14638

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Carroll; STATE: MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,	LENGTH OF STAY (in this place): 7mos. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 1
	STREET ADDRESS (If rural give location): 1054 Argyle Ave.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	EDWARD	FREEMAN	May	30	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Married	February 14, 1925	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laundry		Raleigh, N.Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Carey	Blanche Freeman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Unknown	217-26-4552	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous Meningites	3 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Primary Tuberculosis	Setp., 1948
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct., 18, 1948, to May 30, 1949, that I last saw the deceased alive on May 30, 1949, and that death occurred at 9:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Reuben W. Thomas, M. D.	Henryton, Md.	5/30/49

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
	6-3-49	Western Star	Catonsville Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/30/49	Albert R. Swanborn Deputy Local	Samuel W. Sullivan Jr.	1011 N. Arlington Balto. Md.

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JUN 2 1949
BUREAU V. S.

Evidence for additional info, in item #23,24 is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04639

FILM No. G 120 MAY 18 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — Sykesville; LENGTH OF STAY (in this place) 6 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural give location) 68 Madison

3. NAME OF DECEASED (Type or Print): (First) Wesley (Middle) Monealous (Last) Glass

4. DATE OF DEATH: (Month) May (Day) 8 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Oct. 22, 1899

9. AGE last birthday: 49 yrs. If under 1 year: Months; Days; If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic and factory worker

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Glass

14. MOTHER'S MAIDEN NAME: Sarah Livesay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Encephalitis, cause undetermined — Interval between onset and death: ? 1 mo.

343 Antecedent cause(s)

186a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. Fracture, rt. temporal bone, with extradural hemorrhage — 4 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital

(CITY OR TOWN) Springfield State Hospital (COUNTY) Carroll (STATE) Md.

TIME OF INJURY (Month) May (Day) 4 (Year) 1949 (Hour) 3 P. m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR? Fell out of bed

22. I hereby certify that I attended the deceased from May 2, 1949, to May 8, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 10:15 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Joseph N. Marshall, M.D. ADDRESS Springfield State Hospital DATE SIGNED 5/8/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial DATE May 11, 49 NAME OF CEMETERY OR CREMATORY Keysville Cemetery LOCATION (City, town, or county) (State) Keysville, Md.

DATE REC'D BY LOCAL REG. May 9, 1949 REGISTRAR'S SIGNATURE C. Harry Keen

24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown, Md.

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MAY 11 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 7X

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Baltimore COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville — LENGTH OF STAY (in this place) since 9/19.45	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St. Hosp.	STREET ADDRESS (If rural give location) 1431 Linden Avon. Baltim. 17

3. NAME OF DECEASED (Type or Print) (First) Emily (Middle) Elizabeth (Last) Graves			4. DATE OF DEATH (Month) May (Day) 25 (Year) 1949		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) sngl.	8. DATE OF BIRTH 6.5.81	9. AGE last birthday 67 yrs.	If under 1 year Months 11 Days 20 — If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Social Worker	10b. KIND OF BUSINESS OR INDUSTRY Travelers Aid Society		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? N.S.
13. FATHER'S NAME William Graves			14. MOTHER'S MAIDEN NAME Emily Wright		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mrs Margaret C. Bettichor, sister		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral haemorrhage

331 Antecedent cause(s) (b) Arteriosclerosis of the brain — 6 years

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Psychosis with cerebral arteriosc

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION -/-	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify) -/-	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -/-	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) -/- m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? -/-

22. I hereby certify that I attended the deceased from October, 1948, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at Springfield at 12 30 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Elizabeth A. Winiarz M.D.

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL	DATE 5-27-1949	NAME OF CEMETERY OR CREMATORY ST. THOMAS	LOCATION (City, town, or county) (State) GARRISON FOREST MD.
DATE REC'D BY LOCAL REG. 5/26/49	REGISTRAR'S SIGNATURE [signature] DM	24. FUNERAL DIRECTOR H.W. JENKINS & SONS CO.	ADDRESS 4905 YORK RD. BALTO. 12, MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04641

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: CARROLL; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL - Sykesville; LENGTH OF STAY (in this place): 1 month, 17 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: MARYLAND; COUNTY: WASHINGTON; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hagerstown; STREET ADDRESS (If rural give location): 1006 Salem Avenue

3. NAME OF DECEASED (Type or Print): (First) SUE (Middle) (Last) GUESSFORD

4. DATE OF DEATH: (Month) May (Day) 18 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 5, 1890

9. AGE last birthday: 58 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sewing Machine Operator

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Washington County, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Silas Ringer

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: ? 2 mos.

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis; Involutional Melancholia — ? 1 mo.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/1/ 1949, to 5/18 1949, that I last saw the deceased alive on 5/18, 1949, and that death occurred at 1:45 P DST m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Joseph H. Marshall, M. D. Sykesville, Maryland 5/18/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 20, 1949 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Hagerstown Wash. Md.

DATE REC'D BY LOCAL REG. 5-19-49 — REGISTRAR'S SIGNATURE: C. Harry Zeller

24. FUNERAL DIRECTOR ADDRESS: C. M. Cutter and Sons Hagerstown

RECEIVED
MAY 21 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04642

Reg. Dist. No. 7-1

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Union Bridge; LENGTH OF STAY (In this place) 8 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) MAY (Last) HAHN

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Nov 6 1867

9. AGE last birthday: 81 yrs. If under 1 year: Months. 6 Days. 3 If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: housewife

11. BIRTHPLACE (State or foreign country): Frederick County Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Early

14. MOTHER'S MAIDEN NAME: Evelyn Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Allie Hahn Shefley

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

331 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

83a (b) Arteria Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1949, to May 9, 1949, that I last saw the deceased alive on May 9, 1949, and that death occurred at 11:00 a.m., from the causes and on the date stated above.

SIGNATURE J. H. Legg (Degree or title) M.D. ADDRESS Union Bridge DATE SIGNED 5/9/49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 5/11/1949 | NAME OF CEMETERY OR CREMATORY Rocky Hill Cem. | LOCATION (City, town, or county) Frederick County (State) Md

DATE REC'D BY LOCAL REG. May 10/49 | REGISTRAR'S SIGNATURE Margaret R. Englar | 24. FUNERAL DIRECTOR H. A. Hartzler & Sons | ADDRESS Union Bridge & New Windsor, Md

RECEIVED
JUN 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04643

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) D (Last) Harman

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1949

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH May 23-1884

9. AGE last birthday 64 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer

11. BIRTHPLACE (State or foreign country) Carroll County, Md

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Augustus Harman

14. MOTHER'S MAIDEN NAME Martha Repp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 217-18-8256

17. INFORMANT Mrs Clara D Harman

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Rheumatic Cardio-Vascular Disease	5 years
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

415
93c

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 1948, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 1:45 a m., from the causes and on the date stated above.

SIGNATURE M. E. Robertson (Degree or title) M.D. ADDRESS New Windsor, Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 5/24/49

NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery

LOCATION (City, town, or county) Uniontown Road (State) Md

DATE REC'D BY LOCAL REG. May 24/49

REGISTRAR'S SIGNATURE Orscie I Benedict

24. FUNERAL DIRECTOR D.D. Hartzler & Sons ADDRESS New Windsor & Union Bridge, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04644

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 1mth. 25days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) 616 Hubbard Court

3. NAME OF DECEASED (Type or Print) (First) HAYS (Middle) (Last) HEADEN				4. DATE OF DEATH (Month) May (Day) 25 (Year) 1949		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Jan., 1,1890	9. AGE last birthday 59 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greensboro, N. Caroline		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Deceaed			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

002 Immediate cause (a) Pulmonary Tuberculosis — Feb., 22,1949

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar., 30, 1949, to May 25, 1949, that I last saw the deceased alive on May 25, 1, 1949, and that death occurred at 12:05 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	5/25/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 5/31/49	NAME OF CEMETERY OR CREMATORY Mt. Calvary Co.	LOCATION (City, town, or county) (State) Brooklyn Md
DATE REC'D BY LOCAL REG. 5/25/49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR Elroy O Wilson	ADDRESS

Deputy Local

1060 Brantly Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04645

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) All her life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 160 Lincoln Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 106 Lincoln

3. NAME OF DECEASED (Type or Print): (First) EDNA (Middle) ROYER (Last) HELWIG

4. DATE OF DEATH: (Month) 5 (Day) 12 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: DEC 24, 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Westminster

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred Royer

14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Bowers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Frank T. Myers

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute decompensation —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

443 93d

(b) Arteriosclerotic C-V disease & Hypertension

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) 1 hour — (b) years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1948, to May 12, 1949, that I last saw the deceased alive on May 12, 1949, and that death occurred at 10 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James T. Morad M. D. Westminster Md May 12-1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE 5/14/49 NAME OF CEMETERY OR CREMATORY Meadow Branch LOCATION (City, town, or county) (State) Westminster, Md.

DATE REC'D BY LOCAL REG. 5/13/49 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS J. E. Myers Jr. Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1949
BUREAU OF S

04646

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: CARROLL · MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
LENGTH OF STAY (in this place): LIFE
HOSPITAL OR INSTITUTION OR STREET ADDRESS: ROUTE 4

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: MARYLAND · COUNTY: CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL WESTMINSTER
STREET ADDRESS (If rural, give location): ROUTE 4

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) FREDERICK (Last) HOFFMAN

4. DATE OF DEATH: (Month) MAY (Day) 25 (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: MARCH 7, 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMING

10b. KIND OF BUSINESS OR INDUSTRY: FARMING

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN G. HOFFMAN

14. MOTHER'S MAIDEN NAME: KEZIAH E. UTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT: RALPH G. HOFFMAN

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Disease

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-Sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from about May 15, 1947, to May 25th, 1947, that I last saw the deceased alive on May 23rd, 1949, and that death occurred at 9 10 C. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): C. Billingslea, M.D. ADDRESS: Westminster, Md. DATE SIGNED: 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: MAY 28. 1949
NAME OF CEMETERY OR CREMATORY: DEER PARK CEMETERY
LOCATION (City, town, or county): NEAR WESTMINSTER (State): MD.

DATE REC'D BY LOCAL REG.: 5/26/49
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. FRANCIS REESE ADDRESS: WESTMINSTER, MD.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04647

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural R.6 Westminster
STREET ADDRESS (If rural, give location) R.F.D. # 6

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Mordecai (Last) Hook

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Oct. 6, 1865

9. AGE last birthday: 83 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: William Hook

14. MOTHER'S MAIDEN NAME: Mary Reese

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. -------

17. INFORMANT: Mrs. Walter R. Saylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	May 6
422.1 Antecedent cause(s)	(b) Arterio Sclerosis & Myo-	8 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) - Cardiac degeneration	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949, to May 9, 1949 that I last saw the deceased alive on May 9, 1949, and that death occurred at 5:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. Lewis Speicher Westminster Md 5/10/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: May 12, 1949
NAME OF CEMETERY OR CREMATORY: Deep Park Cemetery
LOCATION (City, town, or county) (State): Smallwood, Md.

DATE REC'D BY LOCAL REG. 5/11/49
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: J. Francis Reese ADDRESS: Westminster, Md.

VS. A15

RECEIVED
MAY 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04648

CERTIFICATE OF DEATH

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 54yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Charles St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; STREET ADDRESS (If rural give location) 35 Charles St.

3. NAME OF DECEASED (Type or Print): (First) ELIZABETH (Middle) RACHEL (Last) HUGHES

4. DATE OF DEATH: (Month) May (Day) 14 (Year) 1949

5. SEX: F.

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 20 1895

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-servant

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Westminster, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer Cross

14. MOTHER'S MAIDEN NAME: Mary E. Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Carrie Hughes

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Nephritis, (Acute) Myocarditis (Chr.) — Interval between onset and death: May 1 - 49

590 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia — May 11-49

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1st, 1949, to May 14, 1949, that I last saw the deceased alive on May 14, 1949, and that death occurred at 12:30 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. C. Jennette M.D. ADDRESS

DATE SIGNED 5-16-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE May 16/49; NAME OF CEMETERY OR CREMATORY Western Chapel; LOCATION (City, town, or county) (State) near Westminster Md.

DATE REC'D BY LOCAL REG. 5/16/49; REGISTRAR'S SIGNATURE C. Saunders

24. FUNERAL DIRECTOR ADDRESS J. E. Myers Jr. Westminster Md.

VS. A15

RECEIVED
MAY 18 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 04649

CERTIFICATE OF DEATH

Reg. Dist. No. 8-74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,
LENGTH OF STAY (in this place): 4mos. 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 17
STREET ADDRESS (If rural give location): 1810 Presbury Street

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) (Last) JACKSON

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 8, 1892

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bedford, County, Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Jackson

14. MOTHER'S MAIDEN NAME: Mildred Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkoown): Unknown (If year, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs. Mary Jackson, (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary Tuberculosis	Aug., 1948
002 Antecedent cause(s)		
13A Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Cooditions contributiog to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 17, 1949 to May 25, 1949 that I last saw the deceased alive on May 25, 1949, and that death occurred at 11:05 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Reuben Hoffman, M.D. Henryton, Md. 5/25/49

23. BURIAL, CREMATION, REMOVAL (Specify) DATE: 5/28/49 NAME OF CEMETERY OR CREMATORY: Arbutus LOCATION (City, town, or county) (State): Baltimore County.

DATE REC'D BY LOCAL REG. 5/25/49

REGISTRAR'S SIGNATURE: Albert R. Swanbeck
Deputy Local

24. FUNERAL DIRECTOR: Geo. S. Kelson ADDRESS: 1303 Freeman St.

VS. A15

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

04650

1. PLACE OF DEATH
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, MARYLAND
LENGTH OF STAY (in this place) 9mos. 2days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 17, Md.
STREET ADDRESS (If rural give location) 1406 Whitelock St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ELIZABETH	JOYCE	May	11,	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	Negro	Widowed	Dec., 7, 1879	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Baltimore, Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Daniel Smith	Adeline Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Dec., 1947

002

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditioos contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug., 9, 1948, to May 11, 1949, that I last saw the deceased alive on May 11, 1949, and that death occurred at 3:45 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben W. Swan, M.D.		Henryton, Md.	5-11-49

23. BURIAL, CREMATION OR REMOVAL (Specify)	DATE	NAME OF CEMETERY ~~OR CREMATORY~~	LOCATION (City, town, or county)	(State)
Burial	5-14-49	Mt. Auburn	Baltimore	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-11-49	Albert Reinhardt Deputy Local	Holland Funeral Home	1631 Druid Hill Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 17 1949
BUREAU U. S.

04651

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville — LENGTH OF STAY (In this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ridgeville
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): P.O. Mt. Airy

3. NAME OF DECEASED (Type or Print)	(First) J.	(Middle) HOWARD	(Last) KAIN	4. DATE OF DEATH	(Month) May (Day) 22 (Year) 1949
5. SEX: male	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married	8. DATE OF BIRTH: 10-11-1884	9. AGE last birthday: 64 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner--Operator	10b. KIND OF BUSINESS OR INDUSTRY: Lunch Room	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: J.Howard Kain	14. MOTHER'S MAIDEN NAME: Alcinda N. Nelson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)	16. SOCIAL SECURITY No.: none	17. INFORMANT: Mrs. Lucille H. Kain			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a)

204.1 Antecedent cause(s)

74a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Spleno. Myelogenous Leukemia — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June, 1945, to May 22, 1949, that I last saw the deceased alive on May 22, 1949 and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE: J Stanley Grabill (Degree or title) - M.D. ADDRESS: Mt Airy, Md. DATE SIGNED: 5/23/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL	DATE: 5-25-1949	NAME OF CEMETERY OR CREMATORY: Pine Grove	LOCATION (City, town, or county) (State): Mt. Airy, Maryland
DATE REC'D BY LOCAL REG.: May 25/49	REGISTRAR'S SIGNATURE: Thos W Snyder	24. FUNERAL DIRECTOR: C. M. Waltz,	ADDRESS: Winfield, Md.

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VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04652

Reg. Dist. No. 8 3

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbine Rural
LENGTH OF STAY (In this place): 1 wk.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Bessie (Middle) M. (Last) Kaschke

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: (Abt. 1867) (Unk)

9. AGE last birthday: About 82 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs.J.O.Ridgely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arterio sclerotic cardio vascular disease

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

422.1
93d

(b) Chronic myocarditis

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to May 3, 1949, that I last saw the deceased alive on May 3, 1949, and that death occurred at 6:55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W.H. Lawson M.D — ADDRESS: Sykesville, Md. — DATE SIGNED: May 3-1949.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: May 5, 1949 — NAME OF CEMETERY OR CREMATORY: Parkwood — LOCATION (City, town, or county) (State): Baltimore County Md.

DATE REC'D BY LOCAL REG.: May 4, 1949 — REGISTRAR'S SIGNATURE: Edna M. Hewitt

24. FUNERAL DIRECTOR: C.Harry Weer — ADDRESS: Sykesville, Md.

VS. A15

RECEIVED
JUN 3 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04653

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 42 Liberty St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 42 Liberty

3. NAME OF DECEASED (Type or Print): (First) Fannie (Middle) Irene (Last) Lindsay

4. DATE OF DEATH: (Month) May (Day) 3 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow

8. DATE OF BIRTH: June 26 - 1867

9. AGE last birthday: 81 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md. Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob L. Naill

14. MOTHER'S MAIDEN NAME: Elizabeth Ann Nusbaum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Roger E. Lindsay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	5 days
Antecedent cause(s)		
331 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 83a	(b) Vascular disease	Some years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) —

(COUNTY) —

(STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 4-27, 1949, to 5-3, 1949, that I last saw the deceased alive on 5-2, 1949, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): T. Billingslea, M.D. ADDRESS: Westminster, Md. DATE SIGNED: 5-4-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE: May 5-1949; NAME OF CEMETERY OR CREMATORY: Bethel Cemetery; LOCATION (City, town, or county) (State): Sam Creek, Frederick Co. Md.

DATE REC'D BY LOCAL REG.: 5/4/49; REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: H Bankard Son; ADDRESS: Westminster, Md.

RECEIVED
MAY 10 1949
BUREAU V. S.

04654

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) 64 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 160 Penna. Ave.	STREET ADDRESS (If rural give location) 160 Penna. Ave.

3. NAME OF DECEASED (Type or Print)	(First) Florence	(Middle) Matilda	(Last) Manning	4. DATE OF DEATH	(Month) May	(Day) 29	(Year) 1949
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widow	8. DATE OF BIRTH 10-30-1884	9. AGE last birthday 64 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Samuel Stone			14. MOTHER'S MAIDEN NAME Sarah Sheets				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT William S. Manning				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma Stomach c metastises — 1 yr

151 Antecedent cause(s)

468 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia Secondary Anemia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3/25/49	19b. MAJOR FINDINGS OF OPERATION ca Stomach metastises to Liver	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1948, to May 29, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 1:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A. Glenn Speicher Westminster Md 5/31/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE June 1-1949	NAME OF CEMETERY OR CREMATORY Westminster Cemetery	LOCATION (City, town, or county) Westminster	(State) Md.
DATE REC'D BY LOCAL REG. 5/31/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR H. Bankard & Son		ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04655

Reg. Dist. No. 76

1. PLACE OF DEATH · COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 130 E. Main St.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 130 E. Main St.	~~STREET ADDRESS~~ (If rural, give location) Town Westminster

3. NAME OF DECEASED (Type or Print) (First) HILDA (Middle) STEM (Last) MATTHEWS	4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949
5. SEX F. — 6. COLOR OR RACE W. — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed — 8. DATE OF BIRTH March 22, 1871 — 9. AGE last birthday 78 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) house-wife — 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md — 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME David Engel Stem	14. MOTHER'S MAIDEN NAME Margaret Van Buren Wilt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. none	17. INFORMANT Miss M. Louise Matthews

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause	(a) Cerebral Hemorrhage	March 7
Antecedent cause(s)	(b) Arteriosclerosis General	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertension & myocardial degeneration	3 yrs

448
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 7, 1949, to May 7, 1949, that I last saw the deceased ~~alive~~ dead on May 7, 1949, and that death occurred at 10:35 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Glenn Speicher		Westminster Md	5/9/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	May 10 49	Westminster Cemetery	Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/9/49	[signature]	J. E. Myers Jr.	Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MAY 12 1949
BUREAU V. S.

Residence?

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04656

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) ?
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springf. St. H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Springf. COUNTY Carroll, Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
STREET ADDRESS (If rural give location) Springfield St Hosp.

3. NAME OF DECEASED (Type or Print) (First) Mollie (Middle) N (Last) Mayhew

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1949

5. SEX female
6. COLOR OR RACE wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) sngl.
8. DATE OF BIRTH 1875 ?
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework
10b. KIND OF BUSINESS OR INDUSTRY housewirk
11. BIRTHPLACE (State or foreign country) Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George Mayhew
14. MOTHER'S MAIDEN NAME Margaret Mayhew

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) ✓.
16. SOCIAL SECURITY NO. ✓.
17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart failure (Coronary occlus.)

420.1 Antecedent cause(s) (b) Hypertens. heart disease

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Manic - Depr. Ps. Manic type

INTERVAL BETWEEN ONSET AND DEATH: 10 years

19a. DATE OF OPERATION ✓.
19b. MAJOR FINDINGS OF OPERATION ✓.
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓.
(CITY OR TOWN) ✓. (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ✓. m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? ✓.

22. I hereby certify that I attended the deceased from October, 1948, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 8 05 p. m., from the causes and on the date stated above.

SIGNATURE Elizabeth Winiary (Degree or title) M.D. ADDRESS Springfield St. DATE SIGNED 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 27, 1949
NAME OF CEMETERY OR CREMATORY Springfield Hosp. Cem.
LOCATION (City, town, or county) Sykesville (State) Md.

DATE REC'D BY LOCAL REG. May 27, 1949
REGISTRAR'S SIGNATURE C Harry Weer
24. FUNERAL DIRECTOR C H. Weer ADDRESS Sykesville Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04657

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 10 mo., 26 da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 17
STREET ADDRESS (If rural give location) 1309 Etting Street

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) MCCALIP (Last)

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1949

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH July 25, 1933
9. AGE last birthday 15 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Scholar
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Walter McCalip
14. MOTHER'S MAIDEN NAME Amy Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mother; Amy McCalip

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Mar., 1948

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 22, 1948, to May 18, 1949, that I last saw the deceased alive on May 18, 1949, and that death occurred at 6:20 p.m., from the causes and on the date stated above.

SIGNATURE Reuben Hoffman, M.D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 5-18-49

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) DATE 5/21/49 NAME OF CEMETERY OR CREMATORY Mt Auburn Cem LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REG. 5/18/49 REGISTRAR'S SIGNATURE Albert R. Swankham Deputy Local

24. FUNERAL DIRECTOR Chas H. Alexander ADDRESS 1200 - McCulloh St., Balto. Md.

RECEIVED
MAY 23 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

04658

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, — LENGTH OF STAY (in this place) 9 mos. 20days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore,1,
STREET ADDRESS (If rural give location) 746 Bradley St.,

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) (Last) MC GOWAN

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 19 49

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct., 15,1903

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ice man

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Richland, N. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Colonel Mc Gowan

14. MOTHER'S MAIDEN NAME: Nancy Dove

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 141-09-0120

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — July, 1947.

002 Antecedent cause(s)

138 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1948, to May 2, 1949 that I last saw the deceased alive on May 2, 1949 and that death occurred at 7:15 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Reuben Hoffman, M.D. — Henryton, Maryland — 5-2-49

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE may 4, 1949. | NAME OF CEMETERY OR CREMATORY city morgue | LOCATION (City, town, or county) (State) Baltimore city md.

DATE REC'D BY LOCAL REG. 5-2-49 | REGISTRAR'S SIGNATURE Albert Rosenthal Deputy Local | 24. FUNERAL DIRECTOR Mrs Samuel T. Hensley | ADDRESS 578 W Biddle St.

RECEIVED
MAY 10 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04659

Reg. Dist. No. 79

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar; LENGTH OF STAY (in this place) Lifetime; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Keymar; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Amanda (Middle) C. (Last) Otto

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Aug 27, 1869

9. AGE last birthday: 79 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Birely

14. MOTHER'S MAIDEN NAME: Louise Schwarber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. William Abra.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Chronic Myocarditis

422.1 Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteri Sclerosis

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to 5-2-, 1949, that I last saw the deceased alive on 5-2, 1949, and that death occurred at 12.30 p.m., from the causes and on the date stated above.

SIGNATURE J. H. Legg (Degree or title) M.D. ADDRESS Union Bridge DATE SIGNED 5-8-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE May 5 | NAME OF CEMETERY OR CREMATORY Haugh's Cemetery | LOCATION (City, town, or county) Keymar (State) Md.

DATE REC'D BY LOCAL REG. May 10-1949 | REGISTRAR'S SIGNATURE Danny McDaniel

24. FUNERAL DIRECTOR C. O. Fuss & Son ADDRESS Taneytown Md.

RECEIVED
MAY 14 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04660

Reg. Dist. No. 8-3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL Winfield | LENGTH OF STAY (in this place) 47 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural --- Winfield
STREET ADDRESS (If rural, give location) Woodbine

3. NAME OF DECEASED (Type or Print): (First) FLORENCE (Middle) I (Last) PICKETT
4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWER, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
female	white	widowed	4-30-1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Reuben N. Conaway
14. MOTHER'S MAIDEN NAME: Mary A. Becker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Russell Pickett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval between onset and death: 7 days

502 / Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

107 (b) Chronic Bronchitis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/12, 1949, to 5/12, 1949, that I last saw the deceased alive on 5/12, 1949, and that death occurred at 1:40 A.M., from the causes and on the date stated above.

SIGNATURE L. E. Stitely (Degree or title) M.D. ADDRESS New Windsor Md DATE SIGNED 5/13/49

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL
DATE: 5-15-1949
NAME OF CEMETERY OR CREMATORY: Church Of God
LOCATION (City, town, or county) (State): Winfield, Carroll Co. Md.

DATE REC'D BY LOCAL REG. 5-15-49
REGISTRAR'S SIGNATURE Edna M. Hewett
24. FUNERAL DIRECTOR: C. M. Waltz
ADDRESS: Winfield, Md.

RECEIVED
JUN 3 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04661

Reg. Dist. No. 74

1. PLACE OF DEATH
COUNTY: CARROLL
STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Sykesville
LENGTH OF STAY (In this place): 4½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JANE	GWYNNE	POLE	May	10	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Single	4/30/1850	99 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lexington, Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Pole
14. MOTHER'S MAIDEN NAME: ? Boyd

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Record, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Terminal bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral hemorrhage	3 days
	(c) Generalized arteriosclerosis	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile psychosis arteriosclerosis	3 yrs

331
83a

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/16, 1948 to 5/10, 1949, that I last saw the deceased alive on 5/10, 1949 and that death occurred at 5:00 A. DST m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Joseph H. Marshall,	M.D.	Sykesville, Maryland	

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Cremation	May 13 - 1949	Mt. G Living Cemetery	Frederick	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 10, 1949	C. Stanley Heer	H. Bankard & Son	Westminster, Md.

RECEIVED
MAY 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04662

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll; Sykesville; MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville Md; LENGTH OF STAY (in this place) Up
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oakland Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville Md
STREET ADDRESS (If rural give location) Oakland Road

3. NAME OF DECEASED (Type or Print) (First) Charles (Middle) Arthur (Last) Reely

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1949

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH Nov. 6 1869 11-6-69
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spinner
10b. KIND OF BUSINESS OR INDUSTRY Woolen Mill
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Artemus Reely
14. MOTHER'S MAIDEN NAME Mary Hamilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. 220-07-2601
17. INFORMANT Mrs. Mary Reely

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis - chronic — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

422.1 Antecedent cause(s) (b) Arteriosclerosis — years

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-30, to 5-9-, 1949, that I last saw the deceased alive on 5/8, 1949, and that death occurred at 1:50 P m., from the causes and on the date stated above.

SIGNATURE James G. Saffell (Degree or title) M.D. ADDRESS Reisterstown Md DATE SIGNED 5-10-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 13, 1949
NAME OF CEMETERY OR CREMATORY Oakland
LOCATION (City, town, or county) Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. May 12, 1949
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR C. H. Weer ADDRESS Sykesville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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RECEIVED
MAY 18 1942

04663

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 55 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS College Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location) College Hill

3. NAME OF DECEASED (Type or Print) (First) LETHE (Middle) LISLE (Last) REIFSNIDER
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1949

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 25. 1873
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore County Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lisle
14. MOTHER'S MAIDEN NAME Annie Crawford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT John L. Reifsnider, III.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	12 days
422.1 Antecedent cause(s)	(b) Arterio Sclerosis & Chr. Myocarditis	5 yrs
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from —, 1943, to 5/13, 1949, that I last saw the deceased alive on 5/13, 1949 and that death occurred at 6:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L. K. Woodward Jr. M.D. ADDRESS Westminster DATE SIGNED 5/14/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 16. 49
NAME OF CEMETERY OR CREMATORY Westminster Cemetery
LOCATION (City, town, or county) (State) Westminster Md.

DATE REC'D BY LOCAL REG. 5/14/49
REGISTRAR'S SIGNATURE L. K. Woodward
24. FUNERAL DIRECTOR J. E. Myers - Jr. ADDRESS Westminster Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 04664

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Airy; LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS Blizzards Boarding House

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.; STREET ADDRESS (If rural, give location) 1031 Wilmot Court

3. NAME OF DECEASED (Type or Print): (First) Louisa (Middle) F. (Last) Ross

4. DATE OF DEATH: (Month) May (Dey) 26 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/8/1871

9. AGE last birthdey: 78 yrs. If under 1 year: Months 2 Days 18 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Hisgen

14. MOTHER'S MAIDEN NAME: Lena Horn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yeer, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Emily Holland 901 Warwick Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: May 19

331 Antecedent cause(s)

83a Diseases or conditions, if eny, giving rise to the above ceuse stating the underlying cnuse lest (b) Arteio Sclerosis (General)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death hut not releted to the disease or condition causing deeth.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Dsy) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19 1949, to May 26 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 2:10 P m., from the causes and on the date stated above.

SIGNATURE C. M. Van Poole (Degree or title) M.D. ADDRESS Mt Airy Md DATE SIGNED 5-26-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE 5/28/49 NAME OF CEMETERY OR CREMATORY Trinity LOCATION (City, town, or county) (State) Balto. City, Md.

DATE REC'D BY LOCAL REG. May 28 1949. REGISTRAR'S SIGNATURE R.W. Hedrick

24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 St. Paul St.

1949-5-76
1871-3-8
78-2-18

Evidence for addition of sex and color is on:

FILM No. G 120 MAY 20 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04665

Reg. Dist. No. F-76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster; LENGTH OF STAY (in this place) 26 yrs
   HOSPITAL OR INSTITUTION OR STREET ADDRESS 50 Carroll Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Carroll
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
   STREET ADDRESS (If rural, give location) 50 Carroll

3. NAME OF DECEASED (Type or Print): (First) Minnie A. (Middle) Groft (Last) Royer

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~ (Specify): Married

8. DATE OF BIRTH: 6-19-1873

9. AGE last birthday: 75 yrs. | If under 1 year: Months. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: House Wife

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Oliver B. Groft

14. MOTHER'S MAIDEN NAME: Susan Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT: Jesse E. Royer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Organic Heart Disease — Interval Between Onset and Death: About 2 years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Age

19a. DATE OF OPERATION: 00

19b. MAJOR FINDINGS OF OPERATION: no operation

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) ~~no Injury~~ (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1st, 19..., to May 9th, 1949, that I last saw the deceased alive on May 9th, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: [illegible] M.D. (Degree or title) ADDRESS: Westminster DATE SIGNED: 5/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 12-1949 | NAME OF CEMETERY OR CREMATORY: Meadow Branch | LOCATION (City, town, or county) (State): Jamestown Rd. Westminster, Md.

DATE REC'D BY LOCAL REG.: 5/10/49 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: N. Bankard & Son ADDRESS: Westminster, Md.

RECEIVED
MAY 13 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 04666

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton — LENGTH OF STAY (in this place) 10mos. 3das.	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore-18 Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatorium	STREET ADDRESS (If rural give location) 2138 N. Howard Street

3. NAME OF DECEASED (Type or Print)	(First) Jessie	(Middle) Belle	(Last) Ruth	4. DATE OF DEATH	(Month) May	(Day) 22	(Year) 1949
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH March 25, 1926	9. AGE last birthday 23 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry-Worker	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Greenwood, S. Carolina	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Moffet Ruth		14. MOTHER'S MAIDEN NAME Bertha Burton					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO. 217-22-4688	17. INFORMANT Deceased					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Feb., 1948

002 Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1948, to May 22, 1949, that I last saw the deceased alive on May 22, 1949, and that death occurred at 5:45 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	5-22-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Bard	5-26-49	Mt. Zion Cem.	Balto.	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/22/49	Albert R Swanphaus Deputy Local	Katie R Willemas	322 N. Schroeder St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU T. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

04667

1. PLACE OF DEATH
COUNTY: Carroll — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Henryton,
LENGTH OF STAY (in this place): 9mos. 15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore 30
STREET ADDRESS (If rural give location): 324 S. Eutaw Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
MCKINLEY		SAVAGE	May 25, 19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Negro	Single	June 14, 1898	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laberor		Eastern Shore, Virginia	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Alexander Jones	Patient Savage

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes I	214-05-0792	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Mar., 1948

002 Antecedent cause(s)

13A Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 10, 1948, to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 1:15 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Dalen Hoffman	M.D.	Henryton, Md.	5-25-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5-28-49	Mt. Calvary Cemetery	Cedar Hill Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5-25-49	Albert R. Swanhart Deputy Local	Adolphus Halstead	918 Druid Hill Ave.

RECEIVED
MAY 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04668

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville; LENGTH OF STAY (in this place) My life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) Unk.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) C (Last) Scharf

4. DATE OF DEATH: (Month) May (Day) 26 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Mar 31 1908

9. AGE last birthday: 41 yrs. If under 1 year: Months; Days 26; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? -

13. FATHER'S NAME: Conrad Scharf

14. MOTHER'S MAIDEN NAME: Mary Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. Walker 427 Augusta Ave Baltimore Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of breast	1 yr
Antecedent cause(s)		
170 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50	(b) Cystitis ?	40 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1948, to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 2-50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. J. Martin M.D. ADDRESS Sykesville Md DATE SIGNED 5/26/49.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE May 27 1949; NAME OF CEMETERY OR CREMATORY Springfield Hosp. Cem.; LOCATION (City, town, or county) Sykesville (State) Md.

DATE REC'D BY LOCAL REG. May 27, 1949; REGISTRAR'S SIGNATURE C. Harry Kerr

24. FUNERAL DIRECTOR C. H. Kerr; ADDRESS Sykesville, Md.

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04669

CERTIFICATE OF DEATH

Reg. Dist. No. 7 0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
LENGTH OF STAY (in this place): 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Taneytown
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Belle (Last) Shirk

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 26, 1875

9. AGE last birthday: 74 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Koons

14. MOTHER'S MAIDEN NAME: Eliza Angell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: John H. Shirk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Artery Occlusion	3 days
Antecedent cause(s)	(b) Coronary Artery Sclerosis	10 yrs.
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Chronic Myocarditis	10 yrs.

420.1
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — 15 yrs.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 6, 1949, to May 9, 1949, that I last saw the deceased alive on May 8, 1949, and that death occurred at 1 a. m., from the causes and on the date stated above.

SIGNATURE: R. D. McVaugh (Degree or title): M.D. ADDRESS: Taneytown, Md. DATE SIGNED: 5/10/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: May 11 1949 | NAME OF CEMETERY OR CREMATORY: Mt. Union Cemetery | LOCATION (City, town, or county) (State): Near Union Bridge, Md.

DATE REC'D BY LOCAL REG.: May 12, 1949 | REGISTRAR'S SIGNATURE: Ethel M Mehring Local

24. FUNERAL DIRECTOR: C. O. Fuss & Son ADDRESS: Taneytown, Md.

RECEIVED
MAY 12 1949
BUREAU V. S.

04670

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH· COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE Maryland COUNTY Prince Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 11 mos. 12 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) 4618 Annapolis Road. ✓

3. NAME OF DECEASED (Type or Print)	(First) MATHEW	(Middle)	(Last) SMITH	4. DATE OF DEATH	(Month) May	(Day) 26	(Year) 1949
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 15,1892	9. AGE last birthday 56 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Halifax, N. Carolina			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mathew Smith			14. MOTHER'S MAIDEN NAME Mary Clark				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown	(If year, give war or dates of service)	16. SOCIAL SECURITY NO. 705-09-7580	17. INFORMANT Deceased				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	Jan.,1948
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

002

13b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 14, 1948 to May 26, 1949, that I last saw the deceased alive on May 26, 1949, and that death occurred at 3:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Maryland	5/26/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE 29 May 1949	NAME OF CEMETERY OR CREMATORY Methodist Cemetery	LOCATION (City, town, or county) (State) Bladensburg Md
DATE REC'D BY LOCAL REG. 5/26/49	REGISTRAR'S SIGNATURE Albert R. Swankham	24. FUNERAL DIRECTOR F. Gaschs Sons Hyattsville Md.	ADDRESS

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

AGE OF DECEASED:: Letter from Dr. Winari filmed G120 June 28 1949 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04671

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville | LENGTH OF STAY (In this place) 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield St H.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) Lyndale av 3329 ✓

3. NAME OF DECEASED (Type or Print): (First) Antoinetta (Middle) (Last) Sparasina

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1949

5. SEX: female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) sngl | 8. DATE OF BIRTH 3/25/1876 | 9. AGE last birthday 73 yrs. | If under 1 year Months 2 Days 6 | If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housework | 10b. KIND OF BUSINESS OR INDUSTRY: housework | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Sylvester Sparacino | 14. MOTHER'S MAIDEN NAME: Nina ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If year, give war or dates of service) | 16. SOCIAL SECURITY No. | 17. INFORMANT: nephew

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s)

830 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis w. ment. def.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) / | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY / | (CITY OR TOWN) / (COUNTY) / (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) / m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? /

22. I hereby certify that I attended the deceased from Oct ., 1948, to May 31, 1949, that I last saw the deceased alive on May 31, 1949, and that death occurred at 7 p. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Elizabeth Winari M D. | Spring f. Sykesville Md | May 31. 49.

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE 6-3-49 | NAME OF CEMETERY OR CREMATORY Holy Redeemer | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. June 6, 1949 | REGISTRAR'S SIGNATURE C. Harry Weer | 24. FUNERAL DIRECTOR Wm Cook Inc. | ADDRESS 1217 St Paul St Balto Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(I)

VS. A15

RECEIVED
JUN 4 1949
BUREAU T. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04672

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster — LENGTH OF STAY (in this place): 64 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Littlestown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Westminster
STREET ADDRESS (If rural, give location): Littlestown Rd.

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): George Franklin Crowe Strevig

4. DATE OF DEATH (Month) (Day) (Year): May 21 1949

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Aug 8-1884
9. AGE last birthday: 64 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm mgr B.F. Shrimbo
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Strevig
14. MOTHER'S MAIDEN NAME: Alice Crowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT: John Strevig

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

422.2 Antecedent cause(s) Myocarditis (chr) Nephritis (acute)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1949, to May 21, 1949, that I last saw the deceased alive on May 21, 1949 and that death occurred at 3:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. C. Jennette, M.D. — ADDRESS: Westminster Md — DATE SIGNED: 5-21-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 5/23/49 — NAME OF CEMETERY OR CREMATORY: Kriders — LOCATION (City, town, or county) (State): Rural Westminster, Md.

DATE REC'D BY LOCAL REG.: 5/23/49 — REGISTRAR'S SIGNATURE: F. Woodward Per McCleave, H.O.

24. FUNERAL DIRECTOR: L. Bankard & Son, Westminster, Md — ADDRESS

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JUN 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04673

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,; LENGTH OF STAY (in this place) 4 mos. 21 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural give location) 1422 Fayette St.,

3. NAME OF DECEASED (Type or Print): (First) LAURIE (Middle) (Last) THOMPSON

4. DATE OF DEATH: (Month) May (Day) 9 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: March 29, 1904

9. AGE last birthday: 45 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Longshoreman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Columbia, S. Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Thompson

14. MOTHER'S MAIDEN NAME: Ella ? Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Sept. 1948

002 Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18, 1948, to May 9, 1949 that I last saw the deceased alive on May 9, 1949, and that death occurred at 5:40 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Reuben Hoffman, M.D. — Henryton, Md, — 5-9-49

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE: 5-13-49 | NAME OF CEMETERY OR CREMATORY: Arlington Mem. Park | LOCATION (City, town, or county): Balto. Co | (State): Md

DATE REC'D BY LOCAL REG.: 5-9-49 | REGISTRAR'S SIGNATURE: Albert Rosenthal Deputy Local | 24. FUNERAL DIRECTOR: Samuel W. Sullivan Jr | ADDRESS: Balto. Md. 1011 N. Arlington Ave

VS. A15

RECEIVED
MAY 12 1949
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04674

Reg. Dist. No. 26

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg Md
LENGTH OF STAY (in this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg Md
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) Jacob (Last) Uhler

4. DATE OF DEATH (Month) May (Day) 29 (Year) 1949

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 9/15/1861

9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer.

10b. KIND OF BUSINESS OR INDUSTRY agriculture

11. BIRTHPLACE (State or foreign country) Laundale Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Washington Uhler

14. MOTHER'S MAIDEN NAME Mary A Flater

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None.

17. INFORMANT Mrs Julia Uhler.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	?
Antecedent cause(s)	(b) Arterio-Sclerotic Cardio-Renal Vascular disease	?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

442
51b

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Prostate

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from May 15, 1949, to May 29, 1949, that I last saw the deceased alive on May 29, 1949, and that death occurred at 8 P. m., from the causes and on the date stated above.

SIGNATURE Edgar M Bush (Degree or title) M.D. ADDRESS Hampstead Md. DATE SIGNED May 30, 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE June 1/49 NAME OF CEMETERY OR CREMATORY Sandy Mount LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. 6/1/49 REGISTRAR'S SIGNATURE [signature]

24. FUNERAL DIRECTOR Edwin C Tipton ADDRESS Hampstead Md

RECEIVED
JUN 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04675

CERTIFICATE OF DEATH

Reg. Dist. No. 80

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural; LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Clinton (Middle) Wetzel (Last)

4. DATE OF DEATH: (Month) May (Day) 19 (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec 27- 1889

9. AGE last birthday: 59 yrs. If under 1 year, Months: 4 If under 24 hrs., Hours: 22 Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Carroll County Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: not Known

14. MOTHER'S MAIDEN NAME: not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: C. Woodrow Wetzel

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac Failure due to

Antecedent cause(s) arteriosclerotic C.V.D.

422.1 93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 9, 1949, to May 19, 1949, that I last saw the deceased alive on May 19, 1949, and that death occurred at 11:15 p.m., from the causes and on the date stated above.

SIGNATURE: M. E. Robertson (Degree or title) M.D. ADDRESS: New Windsor. Md. DATE SIGNED: 5/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: May 22-1949

NAME OF CEMETERY OR CREMATORY: Greenmount

LOCATION (City, town, or county): New Windsor (Rural) (State): Maryland

DATE REC'D BY LOCAL REG.: May 21/49

REGISTRAR'S SIGNATURE: Chas L Bruder

24. FUNERAL DIRECTOR: D.H. Hartzler & Sons ADDRESS: New Windsor & Union Bridge, Md

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MAY 24 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

Bc 014676

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton,
LENGTH OF STAY (In this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23
STREET ADDRESS (If rural give location) 310 N. Mount St.,

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	JOSEPH	WILSON	MAY	25	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Negro	Married	Aug. 29 1900	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook		Goldsboro, N.Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No	237-12-7410	Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — Jan., 1949

002 Antecedent cause(s)

131 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 6, 19 49 to May 25, 19 49, that I last saw the deceased alive on May 25, 19 49, and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Doreen W. Homan, M.D.		Henryton, Maryland	5/25/49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	5/27/49	Mt Calvary Cem.	Brooklyn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
5/25/49	Albert R. Swankhaus Deputy Local	Elroy O. Wilson	1000 Hanover Brantly Ave

VS. A15

RECEIVED
MAY 31 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH BC 04677

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Henryton, LENGTH OF STAY (in this place) 4 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 23,
HOSPITAL OR INSTITUTION OR STREET ADDRESS Henryton, Sanatoruim	STREET ADDRESS (If rural give location) 312 N. Schroder St.,

3. NAME OF DECEASED (Type or Print) (First) CHARLES (Middle) (Last) WOODS			4. DATE OF DEATH (Month) May (Day) 7 (Year) 1949		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 12, 1894	9. AGE last birthday 54 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Parkley, S. Carolina	12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Moses Woods			14. MOTHER'S MAIDEN NAME Mariah Brown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.		17. INFORMANT Mr. Mike Woods, 530 Bruce St., Balto., Md.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Miliary Tuberculosis	1 month
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 3, 1949, to May 7, 1949, that I last saw the deceased alive on May 7, 1949, and that death occurred at 2:00 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Reuben Hoffman, M.D.		Henryton, Md.	5-7-49

23. BURIAL, CREMATION REMOVAL (Specify)	DATE May 10th	NAME OF CEMETERY OR CREMATORY Mt Albuern	LOCATION (City, town, or county) (State) Westport Md.
DATE REC'D BY LOCAL REG. 5-7-49	REGISTRAR'S SIGNATURE Albert R. Swankhamer	24. FUNERAL DIRECTOR Mrs. Samuel T Hensely	ADDRESS 578 W Middle

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 10 1949
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ROUTE 6 WESTMINISTER
LENGTH OF STAY (in this office) 16 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE CARROLL COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINISTER
STREET ADDRESS (If rural give location) ROUTE 6

3. NAME OF DECEASED (Type or Print) (First) NORMAN (Middle) HALLER (Last) ZIEGLER
4. DATE OF DEATH (Month) 5 (Day) 6 (Year) 1949
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWER
8. DATE OF BIRTH MAY 15 1881
9. AGE last birthday 67 yrs. If under 1 year Months 11 Days 21 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PAPER HANGER
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) FREDERICK.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WM ZIEGLER
14. MOTHER'S MAIDEN NAME MARY A HALLER.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 217-09-3860
17. INFORMANT MRS. M. VON LINDENBERG

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of throat

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Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Apr 4 P. Sept 4 S
19b. MAJOR FINDINGS OF OPERATION Carcinoma of throat Baltimore Md
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 25 1949, to May 6, 1949 that I last saw the deceased alive on May 6, 1949, and that death occurred at 8:50 p m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette (Degree or title) M.D. ADDRESS Westminster Md DATE SIGNED 5-7-49

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 6-8-49
NAME OF CEMETERY OR CREMATORY LOUDON PARK
LOCATION (City, town, or county) (State) FREDERICK AVE
DATE REC'D BY LOCAL REG. 5/9/49
REGISTRAR'S SIGNATURE H. W. Hedrick Dr
24. FUNERAL DIRECTOR GEO. H. LEIMBACH ADDRESS 525 N. LYNDHURST ST

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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